

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
101		1				
102		1				
103		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	16					
TOTAL CLAIMS	27					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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62						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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FEE CALCULATION SHEET**

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FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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66						
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69						
70		4				
71		7				
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
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95						
96						
97						
98	1					
99		1				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						